

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection HC 2 South, 280 State Drive Waterbury, VT 05671-2060 http://www.dail.vermont.gov

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

February 11, 2019

Ms. Felicia Stinchfield, Manager Gazebo Senior Living-Gazebo North 1530 Williston Road South Burlington, VT 05403-6422

Dear Ms. Stinchfield:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 15, 2019.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN Licensing Chief

mlaMCotaPN

	of Licensing and Pro	otection		•	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
		0148	B. WING_		01/15/2019
NAME OF	PROVIDER OR SUPPLIER	STI	REET ADDRESS, CITY	Y, STATE, ZIP CODE	,
GAZEBO	SENIOR LIVING-GA		30 WILLISTON ROUTH BURLINGTO		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETE
R100	Initial Comments:	*	R100	PCC 5,76.	
	conducted by The E Protection on 1/14-	e-licensing survey was Division of Licensing and 1/15/19. The following ies were identified as a r		-RN enersight Charge morse	inurse,
R135 SS≃B	V. RESIDENT CAR	E AND HOME SERVICE	S R135	Hoministrator	to discuss
	5.5 Assessment			and upcomi	Ma Cossessments
	nursing care, the re- licensed nurse within to the home or the co	equires nursing overview sident shall be assessed in fourteen days of admis commencement of nursing issessment instrument insing agency.	by a sion	dercAll assessme completed be the due date	nts will be fore or on
	by: Based on record rev interview, the facility to ensure the timely assessment for 1 of	it is not met as evidence in it is not met as evident in it is not met as evidence in it is not met as eviden	aff failed nnual	HII assessment reviewed + w Dighed by the This responsibilities	hen approved, a RN.
	assessment (manda completed on 9/28/1 was not conducted a	Resident #1 had an annuated State Assessment), 8. The RN review/approand signed until 11/15/18) days after the assessm	oval	The RN, 4 she - RN & Admini accountable two ugh.	
	1/14/19 at approxim review was untimely	lurse (LPN) confirmed or ately 3:20 PM, that the R f Nursing Scope of Pract	N	Filicia Sti	strator
	Decision Tree for R1 ensing and Protection	N, Advanced Practice		2/5/14	
TIL	DIRECTOR'S OR PROYDE	RISUPPLER REPRESENTATIVE LINE	S AGNATURE A	Uninistrator	\$ 5/19

 Division of Licensing and Protection							
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED		
	*	0148	B. WING		01/15/2019		
	PROVIDER OR SUPPLIER D SENIOR LIVING-GAZ	ZEBO NORTH 1530 WIL	LISTON RO	STATE, ZIP CODE IAD N, VT 05403			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETE		
	is stated: "LPN role in assess implementation of a LPNs may not indestatus of an individual independently developed the status of an individual independently developed the states of an individual independently developed the states of an individual independently developed the states of the states	APRN), and LPN the following ament, planning, and a strategy of care: ependently assess the health all or group and may not lop or modify the plan of care, the to the assessment and and processes; however, and care plan development the responsibility of the physician/licensed dentist, and collected by the LPN are not with a protocol, the LPN are supervising professional or before taking action or notation to a patient." E AND HOME SERVICES The planning and and the plan of care for spased on abilities and needs esident assessment. A plan on the care and services the resident to maintain	R145	to be updated in to reflect me current care surrent care	will Center as needed sideat e relds, rewer ed as the ir is will at least The Forman expression exp		
	by: Based on record revinterview, the facility to ensure that 4 of 5	IT is not met as evidenced view and confirmed by staff Registered Nurse (RN) failed residents sampled, has a reviewed/approved,		Lucia Str	e-illalid		

6YS111

Division of Licensing a	nd Protection			
STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0148	B. WING	MA A	01/15/2019
NAME OF PROVIDER OR SUF	PLIER STRE	ET ADDRESS, CITY, S	STATE, ZIP CODE	
GAZEBO SENIOR LIVIN	G-GAZEBO NORTH	WILLISTON ROA TH BURLINGTON		
PREFIX (EACH DEFI	RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE COMPLETE
R145 Continued Fro	om page 2	R145		
independence	cessary care to maintain e and well-being, (Resident.# 1, s The findings include the following			*
plan update 1	review, Resident #1 had a care /14/19, that has not been roved by the RN.	THE CONTRACTOR OF THE CONTRACT	¥	
plan update 1 RN in 2017.	review, Resident #2 had a care /14/17, that was approved by the The care plan has not been roved by the RN for 2 years.			
plan update b original care p reviewed/app resident was returned to th updated the c	d review, Resident #4 had a care y facility staff on 1/14/19. The plan, at the time of admission, wo roved by the RN on 1/2/19. The hospitalized for four (4) days, and a facility on 1/8/19. Facility staff are plan on return, but the RN happroved the changes as outlined an.	as d		The manufactures.
plan update 1 RN on 10/2/1	d review Resident #5 had a care 0/2/17, that was approved by the 7. The care plan has not been roved by the RN for 2 years.			a e
Nurse (LPN), 1/15/19 that t	was made by the Licensed Prac during interviews on 1/14 and ne care plans have not been roved by the RN as required.	tical		*
Decision Tree Registered No is stated: "LPN role in a implementation	oard of Nursing Scope of Practice for RN, Advanced Practice urse (APRN), and LPN the follow assessment, planning, and on of a strategy of care: of independently assess the heal	ving		

6899

Division of Lice	insing and Pro	otection		•	
STATEMENT OF DE AND PLAN OF COR	FICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG:	(X3) DATE SURVEY COMPLETED
		0148	B. WING		01/15/2019
NAME OF PROVIDE	R OR SUPPLIER	STREET AL	DDRESS, CIT	Y STATE, ZIP CODE	
GAZEBO SENIO	OR LIVING-GA	ZEBU NORTH	LISTON REBURLINGTO	OAD DN, VT 05403	
	ACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETE
status indep LPN's nursir patier or rev RN/A	endently deve may contribung care plannint assessmen ision remain l PRN/licensed	ual or group and may not elop or modify the plan of care. Ite to the assessment and ing processes; however, t and care plan development the responsibility of the physician/licensed dentist.	R145	Pac 5.9 c (9) - a dietician request for +2 dene en	resident
the si not cl must autho makir	tuation and/or early consiste consult with the rized provider og a recomme SIDENT CAR	dify a patient care protocol. If data collected by the LPN are not with a protocol, the LPN ne supervising professional or before taking action or endation to a patient." RE AND HOME SERVICES	R152	made house a) a 19 - resid continues un outpliments dally, in add means 2018 to	Visit in lent #2 ith Ensure strice lation to
with d stands physic This F by: Based by sta of 5 sc	ietary staff as ards are met cian orders; REQUIREMEN I observation, ff interview th ampled reside	utic diets and food allergies needed to assure nutritional and are consistent with NT is not met as evidenced record review and confirmed e facility failed to ensure that 1 ents, was provided the proper		Kîtchen man 1-23-19 to disc 4 diet of res Charge nurs 4 cooks made diet order f #2. Pureld er	ageron usadeficien ident #2 es caregu aware of or mesiden
includ Per re Esoph muscu stoma propel to the	e the following cord review, lageal Dysmoular tube that ich, does not rly deliver liquistomach. The	esident #2). The findings g: Resident #2 has a diagnosis of tility, a condition in which the connects the mouth to the work normally and fails to ids and food from the mouth e dysfunction can cause and chest pain.		meals. - mandatory for staff is a	ed at all

6YS111

Division	of Licensing and Pro	otection			
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The second modern	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		0148	B. WING		01/15/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AL	ORESS, CITY	STATE, ZIP CCDE	
GAZEBO	SENIOR LIVING-GAZ	SOUTH E	LISTON RO BURLINGTO	AD N, VT 05403	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
R152	Continued From pa	ge 4	R152	PCC 5.9 c (9)-co	rt'd
	a pureed diet; (defir moist and of blende or food getting stuci	entify the resident is to receive ned as a food which is smooth, ad texture to prevent choking k in the esophagus).		diet order re including cens truttition	views, . zistencies
	Resident #2 was pro- serving of large cure Confirmation was m providers and the co	he noon meal on 1/14/19, ovided pureed soup and a d cottage cheese, nade by both the care book that the cottage cheese juice from peaches had been		- Kitchen man charge nurses suspensible fo through.	
	meal, staff to include was going to be ser response was soup staff if additional foothe resident. The state surveyor, who so resident what his/he a discussion with the that the entrees can	the preparation of the evening the the cook, were asked what wed to Resident #2. The the surveyor asked the ods were going to be served to aff/cook read the entrées to aggested they ask the preférence was. There was the cook and the care providers be pureed, and liquids can the consistency smooth.		-Administrate accountable Juliera Stu Administrat 2/5/19	(Rowallo
,	4/16/18 by the Regis resident is on a pure plan also identifies F	sment signed and dated on stered Nurse, identifies the sed diet. The resident care Resident #2's medical sed for a pureed diet.			
R249 SS=E	VII. NUTRITION AN	D FOOD SERVICES	R249		
	7.2 Food Safety and	d Sanitation			
	7.2.d The home sha and storage technique	all assure that food handling ues are consistent with safe			

Division	of Licensing and Pro	ptection		E	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLÍA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		0148	B. WING		01/15/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY,	STATE, ZIP CODE	
GAZEBO	SENIOR LIVING-GA	ZEBO NORTH	LISTON RO BURLINGTO	AD N, VT 05403	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES: Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COMPLETE
R249	Continued From pa food handling pract		R249	POC 7.2 d	
	by:	NT is not met as evidenced		- New Policy in by Kitchen man when an item	nplemented nager that
	chief/manager, the	on and confirmed by the facility has failed to store food ne dietary department. The		when an item it will be pla	is opened
	Per tour of the dieta of the manager on the following items stored/handled in a -16-ounce box of co opened, not sealed -16-ounce box of K	ary department in the presence 1/14/19 at approximately 1 PM were discovered to be n unsafe manner; ornstarch partially used or dated on the open shelf; osher salt partially used		ziploe bag, with Helda item was a (Policy att	te the pened.
	-28-ounce box of C used opened, not s shelf; -15-ounce box of ra not sealed or dated -partially used bag sealed, but not date on an open shelf;	or dated on the open shelf; ream of Wheat Cereal partially ealed or dated on the open sisins partially used opened, on the open shelf; of breadcrumbs partially used, as to when it was put in use cans partially used opened.	The control of the co	Kitchen m responsible of for follow of Jelicia Ste	anager accountal brough ullifield
	not sealed or dated and	on the open shelf; ashews partially used opened,		administi 2)5/19	Tatos
	most food is used with does not have a writer	confirms during the tour that vithin 2-3 days, but the facility tten policy for staff to follow as of open partially used			
R252 SS=E	VII. NUTRITION AN	ID FOOD SERVICES	R252		

6YS111

Division of Licensing and Protection FORM APPROVED							
	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/GLIA	(X2) MULTI	PLE CONSTRUCTION	(V2) DATE CUIDIES		
AND PLAN OF		IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED		
· ·		A. BUILDIN	G				
			D MINO	ē			
		0148	B. WING		01/15/2019		
NAME OF PRO	VIDER OR SUPPLIER	STREETA	DDRESS, CITY	STATE, ZIP CODE			
GAZEDO SE	NIOR LIVING-GAZ	1530 WI	LLISTON RO	OAD			
GAZEBU SE	MICK LIVING-GAZ	SOUTH SOUTH	BURLINGTO	ON, VT 05403			
(X4) ID		TEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTI	ON (X5)		
PREFIX TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOU	LD BE COMPLETE		
IAG	NEODENION ON L	SCIDENTIF LING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE DATE		
D050 0							
R252 Co	ontinued From pa	ge 6	R252				
				PCC 7.2 b	-		
7.2	Food Storage a	nd Equipment		100 1120			
200				- 1/2-101-00			
7.3	3.b Areas of the I	nome used for storage of		- Kitchen man	ager		
		ent or utensils shall be		1870 A 18 18 18 18 18 18 18 18 18 18 18 18 18	A /)		
	pt clean	asily cleaned and shall be		umplemente			
	process		1	clianing so	1100110		
. Th	is REQUIREMEN	IT is not met as evidenced			mance		
by:				1 (attached	.)		
Based on observation and confirmed by the			1	11111			
chief/manager, the facility failed to ensure that the			• ·	- Der Kitchen	manager,		
dietary department and equipment used to				10	11 / 12		
mix/toast food, is kept clean. The detailed findings are as follows:				MAKER WILL I	ie thoroughly		
MIX	angs are as rollo	ws.		cleaned after			
Pe	r initial tour of the	dietary department in the	-	cultura at h	of deliver		
pre	sence of the chie	ef/manager on 1/14/19 at		use.			
		the following conditions were	,	- All hitably of	(anina)		
	ntified;			TIII KITCHEN CO	receiving !		
-tne	e large stand mix	er located on the prep-table le accumulated dried food		processes we	lbl		
				reletibles no	South		
particles. Hanging from the mixer was a small white colored timer, that also had visible dried food particles;			acceptance of the	111 (0000)			
		•	by the Kitche	n munuyer			
-Th	ie toaster(s) were	found heavily caked with		0	, (
		base of the unit(s);		-V:+alian Ila	naaa)		
-111	mhs/chins adiac	e prep-table had visible ent to a small round pest		MI cher Mu	naige).		
	ntrol chamber.	crit to a small round pest		Paul Lague, J	a verbounde		
			ŧ .	Linanou Salla	Cas Carrel		
The	e manager and th	e cook confirmed that the		A Willey and all	. Tor Tully		
abo	ove identified con	cerns needed attention.	F 9	VALORIOAN.			
				Tivaccapi.	, ,		
				1 1 1 A STILL	1 to Challe		
				I to bell some	Mylle 1		
				01 1 1	, , ,		
				THO MINISTERIOR	251A		
				1 100.110000	-1-11		